

A FEW RULES

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OF

MEDICAL ETIQUETTE.

BY

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PREFACE.

MY aim in the composition of the few following pages, devoted to rules of Medical Etiquette, has been to place before the Profession a definite law for the guidance of those who wish to act on friendly terms with their professional brethren, and thereby to prevent those constant unpleasant feelings which are caused by a want of knowledge of Professional Etiquette.

In this short work I have not thought it necessary to dwell upon more than the most common difficulties which beset us in our daily work ; but should it answer the purpose for which it has been written, I hope, in future editions, to add to the rules already made. I know that it is a difficult task to make any law, for whatever purpose, to please every one : but as at the present time there is no work upon the subject, and the only light that has been thrown upon Etiquette Laws has been through the Medical Press, I have ventured to place this small work in the hands of the Profession, trusting they may find it of use.



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A FEW RULES OF MEDICAL ETIQUETTE.



INTRODUCTION.

MEDICAL ETIQUETTE, if carried out strictly, as it should be, is one of the greatest ties which medical men have to bind them together and make them work happily; and it is frequently from a misunderstanding as to what constitutes Etiquette that we so often find one man falling out with another. If we had distinct rules to lead us we should, perhaps, hear less than we do of so much ill-feeling existing, and our Medical Press would not be troubled with so many letters upon Medical Etiquette, Professional Differences, &c., &c.

We, like other men, have to live, and this is one point which should always be borne in mind. If we act as becomes gentlemen, taking care that we do that which is right, honest, and straightforward, we should never allow such trifles as a patient changing hands, or a young man commencing practice in our midst, to

influence the friendly feeling which should exist in such a limited body. If we take any small town and look around us, we see amicable relations maintained between almost all classes ; but how seldom do we find, say, two or three medical men living in the same town all friendly—able and willing to assist each other, to shake hands together, and to meet at each other's houses on terms of intimacy? Not often does this happen ; and why? If we ask ourselves the question, I believe we shall find in a majority of cases it is from some breach of Medical Etiquette ; and if it be asked what are the rules of Medical Etiquette, there are few who can tell you what they are.

Even as regards a new comer into a town, you will find it is hardly known whose place it is to make the first call, and this alone may be the means of long continued isolation. It is with the object of placing before the Medical Profession a few rules by which they can be guided that I have ventured upon this difficult task ; and if I should succeed in making even a few of the Medicals pull more together as brother practitioners, and so prevent the frequent disagreements which separate friends, I shall be contented with the result of my task.

CHAPTER I.

THE question of a medical man commencing practice in a town, without succeeding to one

already in existence, deserves our first attention, as a new comer is, I may say, too often looked upon as an enemy come into the camp, to seize upon anything he can.

It, therefore, behoves such an one to be as careful as possible to do everything in his power to bring about a friendly feeling. As soon, then, as he begins to practise, his first calls should be upon the other medicals in the place, choosing the most convenient time he can to catch the doctors at liberty. Should they not be in—one or all of them—it will be best to leave his card, and not attempt, time after time, to see any that happen to be out, or engaged.

My reason for giving this advice is two-fold. Firstly : They may, perhaps, not wish to see him at all, taking offence at his being an opponent ; and the very fact of his forcing himself into their presence may make them treat him with scant courtesy. Secondly : If he leave his card, it will rest with them to show him, by calling at his residence, if they wish to become friendly.

From what I have seen when a partner is taken into a practice, this introductory call is frequently dispensed with ; but I believe it to be a great mistake, and the reason for not calling is easily discovered. The senior partner says to his commencing junior : “ I should have nothing to do with So-and-so, but this one and that one are very nice fellows.” The consequence of this is he calls on none—those whom

his partner objects to are not visited for the reasons stated, and the others are introduced from time to time as opportunity offers.

Of course, there are reasons the senior partner might give which would make it impossible for the junior to make a friendly call upon some, but upon those the senior knows and can meet in consultation, it is far better for the junior to pay the usual introductory call, and know his fellow-workers at once.

I would, therefore, say that unless there be any good reasons existing—which are known to be facts—let a new comer call upon all the medical men during his first week in practice, and he will then ascertain by the return calls, to a certain extent, those he may look on as friends.

CHAPTER II.

THE question of giving a testimonial appears a very trifling matter until we look more deeply into the subject than some seem to do.

For instance, some men may or may not be hard workers at College, but they pass their examinations and then apply to their lecturers for testimonials, some of whom give them at once, whilst others only give them to those they know personally as hard-working and deserving pupils. The reason, I say—and as we look more deeply into the subject it is not such a trifling matter—is this. Any good appoint-

ment may be given to the worst man if he happen to hold good testimonials ; and an assistant may be taken into the house of a gentleman, through the same cause, when he has been neither a hard worker nor a steady student. In giving a testimonial to a student or an assistant, it is a duty we owe to each other to mention the true state of things as we know them, and to say no more than we do know. It is a very good maxim to go by, if we cannot speak well of a man to say nothing at all ; and although it is not for us to bring his bad qualities forward, it is not fair to those to whom he passes next that he should be represented as being a better man than he is.

In giving a testimonial, then, I would say give a man his full due, and whatever his faults may be, leave others to find out ; it will be very easy for any one to discover if sobriety, steadiness, and industry be lacking, for if they exist in a man they are always mentioned.

There is one other point which, I think, should be made a rule, and that is—if we give a testimonial we should be prepared to answer any communication which may be sent to us by any one into whose hands it may fall. I need not say, no gentleman would leave a letter unanswered, and a communication made in answer to any question should be treated as private and confidential.

I remember once being written to upon a point, and I gave my opinion freely as one medical man should do to another, but was more

than astonished when I heard part of my letter read to me by a committee of gentlemen to whom it had been sent.

I have mentioned this point as I consider it comes within the scope of my subject, for I believe we may deem it not *Etiquette* to do to others as we would not have them do to us.

CHAPTER III.

CASES occur where a medical man is in attendance, and the patient's friends wish to obtain a second opinion without the first medical knowing that they have called in the second.

This, I consider, gives rise to more annoyance and disagreements between doctors than any other cause, the reason being that the second medical man acts without knowing that the first is in attendance. I will give an instance to make my meaning clear. A. is taken ill and sends for B., the regular medical attendant, who attends for a time; but A. getting no better, the friends wish this or that doctor to see the case and get his opinion; so it is arranged that Dr. C. shall be called in, to hear what he has to say.

Dr. C. is, perhaps, away from home when some of A.'s friends call upon him and leave a message as follows :—“ Please ask Dr. C. to call as soon as he can to see A., as he is very ill.” C. attends as wished, and, after a short conver-

sation with the patient, he may, perhaps, discover that he is under B.'s care, or he may not find it out until after he has fully examined the case and given his opinion thereon.

He instructs the patient's friends to send for the medicine, when he is told—"Oh, doctor, we only wished to get your opinion; Dr. B. is attending the case, but we wished to have a little more advice." This will most likely be the case if both are of the same opinion; but should C. say the case will get well, and B. say it will prove fatal, or most likely so, the result is C. will be asked to continue attending.

In the first place, how are we to prevent this happening? and in the second place, when it has happened, what is the proper mode of procedure?

As regards the first question—How are we to prevent the above?—I believe this can always be done, unless the patient and his friends tell a direct lie. The course I follow is this: A new patient sends for me, and if I see the messenger, I nearly always ask the following—"Do you know what is the matter? How long has he been ill? Has any one seen him?"

Now if, to the first question, we get such an answer as, "He is suffering from inflammation of the lungs," or "He has pleurisy," we may come to the conclusion he has been seen by some one. Then again, in regard to the second question—"How long has he been ill?" We will have the reply, "A week," "A long time," or some-

thing of that kind ; if so, we may infer that some means have been used by some one, and we then put the question, "Has any one seen him?"

By the two previous questions we have so far driven the messenger into a corner, that we will most likely get to the truth, although he may wish to say nothing. Having got so far, and discovered that a medical man is in attendance, how should we act? This is easily told. There are two courses open to the friends. The proper way is to point out that we cannot interfere, but will be most happy to meet Mr. So-and-so in consultation, and that we decline to see the case without. Very frequently the parties will say, "But we wish you to take care of the case, as we are not satisfied and would rather have you." Under these circumstances we should point out to the parties interested that we cannot undertake the case until they have sent word to the other medical man that he is not required any more, and then we are at liberty to take charge of the case.

It must be borne in mind that every person has as much right to change his medical man as he has to change his solicitor or tailor, and every medical man has a right to take charge of a patient when his previous professional attendant has been discharged. Misapprehension on this point is one great cause of unfriendly feeling, but it must be borne in mind that what may happen to us to-day will happen the opposite way at some future time ; and the full weight

of the annoyance and loss should be shown, if at all, towards the patient and his friends, and not towards the new medical attendant.

The way to act then, in the first place, if we have discovered, before seeing the patient, that he is already under treatment, is to offer to meet the medical man in consultation; and if this is not agreed to, but we are wished to attend the case altogether, to request the friends to communicate with the doctor in charge, and inform him that he is no longer required.

In the second place, when we have seen the case, and given our opinion upon it, and have been then asked what our fee is and told we need not call any more, because So-and-so is the regular doctor, I would say, take no fee, but inform the practitioner of the manner in which we were dragged in, and explain to him that it was done in ignorance, allowing him to charge our visit.

By taking no fee we prove to him that we have not seen the patient knowing him to be in attendance.

It sometimes happens in a case like the above, that the friends wish to call in a younger man for the consultant, and the older practitioner objects to and refuses to meet the junior on the simple grounds that if a second opinion be desired, a man who has had more experience than himself should be called in. Under these circumstances the friends will sometimes try and persuade a medical man to call quietly and say

nothing about it, or will say that if the doctor who has the case in hand decline to meet a younger man, they will call in any one he may like to name; but in a majority of cases, if they have a desire for a special doctor, they prefer to give up their old one and call in the new. In this case, the junior practitioner has a perfect right to take full charge of the patient, if word be first sent to the other doctor that his attendance is no longer required.

It also sometimes happens, that, owing to some previous disagreement, two medical men are not on speaking terms, and therefore one will not meet the other in consultation. In this case it is best to point out this fact, when, if it has been fully resolved to have a second doctor called in, there is no reason why he should not take charge of the case, if the previous notice to the other practitioner have been given.

Medical men are too much inclined to look upon their patients as private property, and to consider it a grievance if another practitioner should have them in his list. It should be remembered, however, that it is not the doctor who is to blame, but the patient.

CHAPTER IV.

CAN a medical man honestly meet a homœopath, or an unqualified man, in consultation?

To this I can only say, certainly not. And why? In the first place, as regards the

homœopath : I know very well that many qualified men take up homœopathy, and I have no reason to doubt that they practise it honestly and believe in their mode of treatment ; at least, I think we should give them credit for honesty of purpose. I know many men who would not think of giving 3*ss.* or 3*j.* doses of Pot Iod., some considering 10 gr. to 15 gr. a very extreme dose, and therefore they stand between the two classes ; but the point is, that if a man profess to be a homœopath, it is impossible for him to fall in with any treatment advised by an allopath.

What is the use of two men meeting in consultation, when one looks upon the other as useless, or worse ? I have no doubt that the true homœopath considers that the allopath is killing his patients by the large doses of medicine he daily administers, and I can answer for the other side, that I consider the doses ordered by the homœopath are too small to be of use, and condemn the treatment as being so much waste of time, and therefore injurious in the way of do-nothing treatment. How can two such men meet honestly in consultation and order a definite plan of treatment to be carried out ? They cannot, and therefore the one or the other must pocket his fee, and be content to let the patient go on as before.

Now, as regards the unqualified man, there is no doubt as to the proper course to be pursued—it is to decline to attend until he has been dismissed. No medical man can,

under any circumstances, act in concert with an unqualified man; it is unfair to duly qualified practitioners, and decidedly unprofessional.

There is one exception under this head which requires to be mentioned, as being far more difficult to deal with; it is that of an unqualified assistant. If an unqualified assistant be attending upon cases in the absence of his master, and a consultation be required, what is the proper course to follow? There are several ways of acting, all of which I consider professional. The most proper is first to obtain a history of the case from the assistant, and then, after personal examination, to retire with him, inform him of our opinion upon the case and the treatment we wish adopted. We can then see the friends and tell them that Mr. So-and-so will make this or that alteration in the treatment, and that we will call and see how the patient is getting on. Why should we act in this manner, instead of not there and then telling the patient what to do, &c.? Simply because we are helping a fellow-medical man, and it is not our object to take advantage of his absence to show how unfit his unqualified assistant is to treat the case. Some men I know hold a strong opinion that an unqualified assistant should not be engaged, and therefore would decline to meet him. If such a one is required to see a case with an unqualified assistant, he should point out to him that he will visit the patient alone if it be

desired, and tell him his opinion afterwards ; but on no consideration whatever should he tell the patient that he declines to meet the assistant because he is unqualified.

There is another course open which, if the assistant is a sensible man, he will allow : it is for the medical man to take charge of the case until the master returns.

It sometimes happens that an unqualified assistant is in attendance upon a difficult and dangerous case of midwifery, and he sends for the nearest practitioner to obtain assistance and relieve him of the responsibility of the case. Here all professional differences should be cast on one side, and the consultant should take charge of the case in the presence of the assistant.

My readers may ask the question, "Why should not the assistant conduct the case in the presence of the consultant?" The reason is obvious to all right-thinking men : here we have two lives at stake, and the consultant takes the whole of the responsibility upon himself, and therefore it is only right that he should treat the case at once in his own manner and endeavour to conduct it to a safe termination.

CHAPTER V.

HAVING touched upon midwifery, I now venture to suggest a rule as to how one medical

man should act towards another when he attends for him.

In many cases a patient says, "Doctor, if you are away from home I should like So-and-so to attend me," and he does attend. Now, as regards the fee to be charged. Midwifery, of all things, I believe, is subject to more differences as to charge for attendance than any other class of cases ; and it may happen that a medical man attends for another who charges less than he does, and when the case is over, the friends will frequently say, "Well, doctor, what is your fee?" Now the proper plan is to say, "You must settle with Dr. So-and-so when he comes home," as by this means you do not charge more and you do not accept less than your general fee. How should you act, also, with respect to the division of the fee? I believe the rule is to offer half to the doctor who attended, but in some towns it is usual for medical men to attend for each other for nothing, and in others to take the fee. What I would suggest as a rule, and what I consider would be the proper thing to do is, if the fee be 10s. 6d., to offer the whole of the fee to the man who attended ; and if £1 1s., to offer the half fee ; or if £2 2s., to do the same.

If this were made a rule, it would prevent many hard words which are passed behind our backs : it is all very well to say, "Perhaps I may do the same for him another time," but this may never happen.

As regards taking the offered fee, this de-

pend upon circumstances, and I for one should decline it, unless pressed, if I attended for a friend ; but it might happen that I attended for a man with whom I was not on such friendly terms, and I then could please myself as to the course to be pursued. If it was for myself that some one' else had attended, he could not say anything about being badly treated if this rule was adopted.

I have heard so many remarks made about this midwifery fee, that I would advise all to act up to this rule : To offer the whole fee, if only 10s. 6d., and half the fee if it be anything above this amount.

CHAPTER VI.

WHEN a qualified man is called in consultation by another medical man in a case of operative midwifery, what is the proper line of action ?

I have known two courses followed, but I consider the one is right, and the other wrong.

Let me first give the two modes, and then sum up my reasons for judging which is right.

A man gets a case of convulsions ; a consultation is held, and delivery is deemed advisable ; or it may be considered, after consulting together, that the proper course is to bleed. Now, whose place is it to do the required work ? Is it the place of the regular practitioner in charge to bleed, turn, or deliver with instruments, or is it the consultant's

place? I say most decidedly it is the place of the general practitioner to do so, the consultant having first advised, and the medical man having agreed upon the point. I have known both courses followed ; that is, I have known the consultant to say that so-and-so is the proper thing to do, and to set to work and do it ; and I have known the consultant to assist, and allow the medical man to follow out the treatment.

Why should the consultant allow the general practitioner to undertake the treatment? Simply on these grounds—that he is most likely only called in to assist and to strengthen the hands of the one already in attendance, and if he obtain his fee he has no right to step in between the doctor and patient and thus make it appear to those around that he is better able to undertake the treatment.

What I consider the proper behaviour, is for a medical man to give a ready and willing hand to a brother practitioner, and in no way to make himself appear the better man of the two. It will frequently happen, and generally is the case, that the medical man in charge offers the consultant the option to carry out the treatment. It is best for the consultant to volunteer to assist, and then, if asked to undertake the treatment, to do so at once.

CHAPTER VII.

WHAT is the proper manner to act when one medical man has been sent for to attend for a doctor who may be elsewhere engaged?

As soon as ever the family doctor finds that another practitioner is attending for him, he should at the earliest opportunity free him. The labour may not be over for some considerable time, and it is undoubtedly unfair to expect any one to sit perhaps the best part of the day over a case for another man. When he arrives he should inquire of the doctor in charge how the case is getting on, say he is sorry to have troubled him, and that as it will not be over for a short time, he will not detain him from his own work. Of course if the case be over before the arrival of the general practitioner, intimation should be sent to him by the patient's friends, with a message that he need not call that day unless he wish.

CHAPTER VIII.

CASES sometimes occur, where several medical men are sent for at the same time, the patient being a stranger, and not having had a medical man before.

I believe Etiquette demands in such a case

that the medical man who arrives first should take charge of the case, unless it be the patient's wish to have this or that medical man instead.

As regards a fee for this first attendance, I think it is best not to take one, but allow the work done to go with the work to be done, and be charged by the patient's own medical attendant whom he has chosen to look after him.

CHAPTER IX.

IN some cases of accident, sudden illness, or fit, the nearest medical gentleman is sent for in the hurry, nothing being said about any one else being the regular attendant.

Under these circumstances, I always inquire, if I have merely been sent for in the emergency, and if so, request that the usual medical man had better be informed.

Now and then a doctor will be told, "Oh no, we sent for you, and you had better call and attend to the case." Under these circumstances, he has a right to continue the attendance, and charge accordingly.

Some medical men hold that, if a case of this kind happen, no matter how much the friends and patient wish, the doctor who has been sent for to continue in attendance, it is his place to refuse, and say, "No, send for your own medical man."

This, I maintain, is wrong ; and, no matter

who the man may be, if they have only sent for him, and they wish him to continue, there is nothing unprofessional in his doing so.

I have known a case where a medical man, hearing that an old patient of his had met with an accident, and knowing that another medical man had seen the case, called upon the patient, and made inquiries, and left word that he would call again.

This is very objectionable, and, I hold, unprofessional, as it is possible it was intended to change the doctor, preferring the one they had sent for.

I would make the following rule as regards these cases :—That whatever medical man is sent for, if he be the only one called in, the case is his, if the friends and the patient wish him to continue in attendance after the offer to retire in favour of their own medical man has been made.

CHAPTER X.

IT sometimes happens that two medical men do not agree as to the treatment to be adopted after consultation : in such a case, what is the proper course to pursue ?

They have examined the case together, have talked the matter over, and their opinions differ : one says “I would recommend this,” another says “I would recommend that ;” therefore, whichever course is followed, if

does not meet the wishes of both. How should they act in such a case? The proper plan is to point out to the patient and the friends that they do not quite agree, but that as one wishes this treatment to be tried, the other has no objection to adopt it, and to watch the result. If the case should be one for operation, and opinions differ, it may be well to suggest to them that a third opinion be obtained, and the result of the combined opinion should be acted upon.

In the case of cancer of breast, for example, there is a great difference of opinion as to the good of removal; and it is very easy to point out to the friends that a difference of opinion exists amongst medical men, leaving it for them to decide upon the course they would wish followed.

It is far better to act openly in matters of this kind at the time, and not to say afterwards: "Well, it is not what I should have advised; but, as you called in Mr. So-and-So, I thought it was best to follow out his treatment."

CHAPTER XI.

IF a patient call at a doctor's house, and ask for his advice, has he any right to question him if he has been under any other medical man, or is it his place to attend to him? If he find he has been under some one else, and

has merely come to him for his opinion, how should he act?

In the first case, all patients who come to your own house for consultation are your patients—they have decided to place themselves under your care—and it is your right to attend to them without asking why they have come. A patient has a perfect right to come to you in the morning and go to another medical man in the afternoon ; for as soon as a patient leaves the consultation-room, he is no longer a patient of yours until he again returns. If this rule did not hold good, you would have constantly to refuse those who come.

For instance, a man is suffering from heart disease or consumption, and does not improve under your treatment ; he is told the nature of his complaint, but does not believe ; so he says : “ I will not go there any more, but will try some one else.” He calls upon another medical man, and asks him what is the matter, and will he prescribe for him ? Surely it would not be right to refuse to do so, and tell him to go back to his own doctor. Let this be perfectly understood in the profession—that whoever calls upon a doctor at his own house is his patient as long as he continues to call.

In the second case—where a person merely comes to you for your opinion—it is somewhat different, as you may be the means of shaking the confidence of that patient in his late medical attendant.

How, then, should you act ? If you find the

attendant is a man whom you could not meet, it is, perhaps, the best way to decline to interfere ; but if you do not know the professional attendant, you may act in two ways, both of which I believe to be correct. The one is to examine the case, and write a letter for the patient to deliver, and the other is to offer to meet in consultation.

By sending a letter you let the medical man know that the patient has been to you, and you can give him your opinion, leaving it for him to follow or not as he thinks well. If you offer to meet in consultation, and the patient objects, then I would say that you could not very well give him your opinion ; but you could still do as above—examine the patient, and give him a letter to deliver. The reason why a patient may object to a consultation is the expense, because the medical men may reside some distance apart.

CHAPTER XII.

IN some cases you will have a person sent to you by a fellow-practitioner for your opinion, and then the course to follow is plain. You should examine the patient and write out your opinion, the reasons for coming to such a conclusion, and the treatment you would advise, and give it to the patient to deliver. He will be sure to ask you this and that question, to get your opinion as to what is the matter,

&c., but be guarded in your replies, and never give a direct answer, but tell him that the doctor will explain everything to him when he gets your letter.

CHAPTER XIII.

IN cases of sudden death, the practice of the coroner is to call in the medical man who first saw the deceased, to give evidence, no matter if he be the regular attendant or not. What should be the rule as regards the fee in such a case? In this there can be no two opinions, as the whole of the trouble falls upon the man who saw the case, and, if required, was ordered to make the p.m.; and I will point out my reasons for saying that the fee belongs to him.

We will take a case in the country, as a good illustration. A man is suddenly taken ill in the harvest-field, some six miles away from any medical man, and some one runs off and brings the first doctor he can find. He rides over and finds the man dead, and is summoned to appear at the inquest and to make a p. m. He has to ride six miles again to do this, and half a day is spent at the inquest. Surely it would be unfair to expect him to hand over this fee to the regular medical attendant. Now, if it would be unfair in a case six miles off, it would be the same if close at hand. Suppose I carry my reasons still further, and say that it is a case of murder,

and that you have to attend at the trial and give evidence, being kept there two or three days before the case comes on—is it to be expected that the fees belong to the usual regular attendant? Most decidedly not—the trouble, loss, and annoyance far exceeds the value of the fee, and it is a case that you are unable in the course of the inquiry to hand over to any one else.

In conclusion, I would wish to say that the medical profession stands almost alone in the manner in which its members should act towards each other. Illness is not like other things. Food, drink, clothing, can all be put on one side for a time, and can be obtained here and there as people wish ; but with sickness, which comes on without a moment's warning, advice is required without delay, and if it cannot be obtained at one place at once it must be had somewhere else, and oftentimes our nearest and dearest friend has to seek advice from a stranger. It is this that obliges one so often to do the work of another, and it, therefore, warns us to do it freely and willingly, remembering that there is no telling how soon we may require the same.

As a rule, the man who has the largest practice is the one who has more trouble with his professional brethren than others, because he is constantly being dragged into difficulties by his patients—the clergyman of the village, or the squire, would like his opinion upon this or that one, and the doctor, in many cases not

liking to offend, is apt to do more than he should. If we had more definite rules as to what was right and what was not right, I believe we should work more in harmony than we do at the present time, but strive as we may to keep friendly with all, we cannot, and I would therefore say to my readers: Do that which is right, act honestly, and do nothing that you would not like another to do to you.

No matter how we strive to follow out the above, if we have our share of practice we shall meet with many things distasteful to us, which will make us angry with each other; but if we consider our own faults, and remember that none are spotless, we shall be more inclined to look upon some of the deeds of others as not having been done with a malicious intention, but merely caused by circumstances, which, if properly explained, would still more firmly bind us together, and make us what we should be—more friendly one towards another.

